



TRANSMITTAL FORM

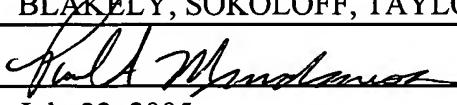
(to be used for all correspondence after initial filing)

		Application No.	10/617,541
		Filing Date	July 10, 2003
		First Named Inventor	Thomas J. Holman
		Art Unit	2133
		Examiner Name	R. Stephen Dildine Jr.
Total Number of Pages in This Submission	15	Attorney Docket Number	42P9950C

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO/SB/08 </div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA </div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> - Check in the amount of \$130.00 - Return Receipt Postcard </div>	
			Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 22, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Rachael L. Brown
Signature	
	Date
	July 22, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
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O I P E
JUL 26 2005
PATE

FEET TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Complete If Known

Application Number	10/617,541
Filing Date	July 10, 2003
First Named Inventor	Thomas J. Holman
Examiner Name	R. Stephen Dildine Jr.
Art Unit	2133
Attorney Docket No.	42P9950C

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
130.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	20	29* = 0	50.00	\$0.00
Independent Claims	5	5** = 0	200.00	\$0.00
Multiple Dependent				

Large Entity	Small Entity	Fee	Fee	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple Dependent claim, if not paid		
1204 300	2204 150	**Reissue independent claims over original patent		
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1)		(\$)		0.00

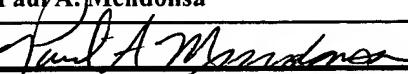
**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.			
2053 130	2053 130	Non-English specification			
1251 120	2251 60	Extension for reply within first month			
1252 450	2252 225	Extension for reply within second month			
1253 1,020	2253 510	Extension for reply within third month			
1254 1,590	2254 795	Extension for reply within fourth month			
1255 2,160	2255 1,080	Extension for reply within fifth month			
1401 500	2401 250	Notice of Appeal			
1402 500	2402 250	Filing a brief in support of an appeal			
1403 1,000	2403 500	Request for oral hearing			
1451 1,510	2451 1,510	Petition to institute a public use proceeding			
1460 130	2460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify)		Terminal Disclaimer Fee (130)		(\$)	
				130.00	
		SUBTOTAL (2)		(\$)	
				130.00	

Complete (if applicable)

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature				Date	07/22/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
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